



**Supplement Schedule for  
Refund of Louisiana Citizens  
Property Insurance Assessment**

If you have more than one property that incurred a Citizens assessment, use this form to identify those properties. You may use this form as an attachment to the following Louisiana income tax forms: Form IT-540, Form IT-540B, Form R-540INS, Form R-620INS, and Form CIFT-620. If you are using this form as an attachment to Form IT-540, Form IT-540B, or CIFT-620 please list ALL properties for which a Citizens assessment was incurred. If you are using this form as an attachment to forms R-540INS or R-620INS, please begin with the second insured property. The Declaration page supporting the credit claimed for each property must be attached in order to receive the credit. On Line 5, print the sum of the assessments claimed on this page.

**1 Physical Address of Property:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Amount of Assessment** \_\_\_\_\_ .00

**2 Physical Address of Property:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Amount of Assessment** \_\_\_\_\_ .00

**3 Physical Address of Property:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Amount of Assessment** \_\_\_\_\_ .00

**4 Physical Address of Property:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**Amount of Assessment** \_\_\_\_\_ .00

**5 Sum of assessments claimed on this page.....** \_\_\_\_\_ .00





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